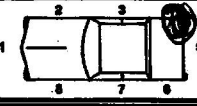
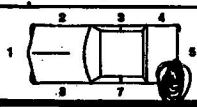


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-19304		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO.					
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH: 10/16/16		DAY SUN		TIME: MILITARY 1251							
CRASH OCCURRED ON 990 East Ridge, Lebanon OH 45036																	
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)																	
MILES FEET W S E OF CITY CODE																	
LOG-1		LOG-2		LOC JUR FH9 FILT													
A	UNIT NO. 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Trustee									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Lamb, Richard						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1094 Katys Ln., Wilmington OH 45177											
PHONE NO. (937) 708-9593		BIRTH DATE 4/18/58		AGE 58 SEX M		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. RU174741							
OWNER (IF SAME AS DRIVER, WRITE SAME) Bell, Lucy						ADDRESS 1094 Katys Ln., Wilmington, OH						PHONE (937) 708-9593					
VEH YR 92		MAKE Buick		MODEL Regal		COLOR Taupe		STYLE 45		STATE OH		LICENSE PLATE NO. DHU7117		TOWING SERVICE		VEH/PED DIR FROM N TO E	
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8	UNIT NO. 2	NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/>		DRIVERLESS HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Progressive									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Trump, Mark						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 479 Drexel Ave., Lebanon, OH						PHONE (513) 292-5731					
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME)						ADDRESS						PHONE					
VEH YR 16		MAKE Ford		MODEL Escape		COLOR Maroon		STYLE SW		STATE OH		LICENSE PLATE NO. GRL1133		TOWING SERVICE		VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		POSITION				INJURIES			
		ADDRESS same				PHONE		SEX		A B C D E F				A B C D E F			
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		A B C D E F				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
		ADDRESS				PHONE		SEX		A B C D E F				CONDITION			
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		A B C D E F				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
		ADDRESS				PHONE		SEX		A B C D E F				ALCOHOL			
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTH DATE		AGE		A B C D E F				1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 7 AIR BAG USED 8 USE NOT REPORTED			
		ADDRESS				PHONE		SEX		A B C D E F				1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
A B C		INJURED TAKEN TO				By		A B C D E F				EJECTION					
D E F		INJURED TAKEN TO				By		A B C D E F				DRUGS					
A B C		OFFENSE CHARGED AND DESCRIPTION				ORC CITY ORD.		A B C D E F				1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE					
D E F		OFFENSE CHARGED AND DESCRIPTION				ORC CITY ORD.		A B C D E F				1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG					
RECEIVED CALL 1251		DISPATCHED 1254		ARRIVED 1301		CLEARED 1311		OTHER TIME		TOTAL MINUTES 20							
DATE REPORT FILED		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME T. Cooper II		BADGE NO. 125		CHECKED BY									